



Franchise Return For Financial Institutions

Period Ending ____/____/____ (mm/yy) ▲

Check all that apply:

- ☐ This is a Short Period Return. ☐ Mailing Address Change
☐ The bank has opened, closed, or moved branch locations. (Provide a schedule.)

Contact Person

Phone No.: (____) ____-____

Name and Address

OFFICIAL USE ONLY

- | | |
|---|--|
| <input type="checkbox"/> 01 Pay Return | <input type="checkbox"/> 02 Amended Pay |
| <input type="checkbox"/> 03 No Pay Return | <input type="checkbox"/> 05 Amended No Pay |
- Please check the appropriate box.

Federal TIN: _____ ▲

Is this a first or final return?

If yes, check the appropriate boxes.

- First Return: ☐ New Business ☐ Successor ☐ Entering Iowa
Final Return: ☐ Reorganized ☐ Merged ☐ Dissolved

Type of Return:

- ☐ 100% Iowa ☐ Not 100% Iowa
☐ No Iowa banking locations ☐ Inactive bank

- Filing Status:** ☐ Separate Iowa/Federal S Corporation
☐ Separate Iowa/Separate Federal ☐ Separate Iowa/Consolidated Federal
Name of Consolidated Parent: _____
Parent's Federal TIN: _____
Was Federal income or Federal tax changed for any prior period(s)?
☐ Yes. Periods Changed: _____ Reason: ☐ Federal audit
☐ No ☐ 1120X ☐ 1139

USE WHOLE DOLLARS ONLY

- | | | |
|---|-----------|-------|
| 1. NET INCOME. From Federal Return (before net operating loss) | 1. _____ | .00 ▲ |
| 2. INTEREST and DIVIDENDS Exempt from Federal income tax | 2. _____ | .00 ▲ |
| 3. IOWA FRANCHISE TAX EXPENSED ON FEDERAL RETURN | 3. _____ | .00 ▲ |
| 4. OTHER ADDITIONS (from Schedule A) | 4. _____ | .00 ▲ |
| 5. TOTAL IOWA INCOME (add lines 1 through line 4) | 5. _____ | .00 |
| 6. OTHER REDUCTIONS (from Schedule D) | 6. _____ | .00 |
| 7. INCOME SUBJECT TO APPORTIONMENT (line 5 minus line 6) | 7. _____ | .00 |
| 8. IOWA PERCENTAGE (from Schedule 59F, line 19) | 8. _____ | % |
| 9. DEDUCTION for APPORTIONED INCOME (from Schedule 59F, line 22) | 9. _____ | .00 |
| 10. NET OPERATING LOSS (from Schedule F) | 10. _____ | .00 |
| 11. TOTAL REDUCTIONS (line 6 + line 9 + line 10) | 11. _____ | .00 ▲ |
| 12. IOWA NET INCOME subject to Franchise Tax (line 5 minus line 11) | 12. _____ | .00 ▲ |
| 13. COMPUTED TAX (line 12 times 5%) | 13. _____ | .00 |
| 14. MINIMUM TAX (from IA4626F) | 14. _____ | .00 ▲ |
| 15. TOTAL TAX (line 13 plus line 14) | 15. _____ | .00 |
| 16. MINIMUM TAX CARRYFORWARD CREDIT (from IA 8827F) | 16. _____ | .00 ▲ |
| 17. ELIGIBLE HOUSING INVESTMENT TAX CREDIT | 17. _____ | .00 |
| 18. PAYMENTS (from Schedule C2, line 9) | 18. _____ | .00 |
| 19. TOTAL CREDITS and PAYMENTS (add lines 16 through line 18) | 19. _____ | .00 |
| 20. NET AMOUNT (line 15 minus line 19) | 20. _____ | .00 ▲ |
| 21. PENALTY IA2220 (attach IA2220) | 21. _____ | .00 |
| 22. PENALTY (failure to pay or failure to file) | 22. _____ | .00 |
| 23. TOTAL PENALTIES (line 21 plus line 22) | 23. _____ | .00 ▲ |
| 24. INTEREST | 24. _____ | .00 ▲ |
| 25. TOTAL DUE (line 20 + line 23 + line 24) Make check payable to "Treasurer - State of Iowa" | 25. _____ | .00 ▲ |
| 26. NET OVERPAYMENT (line 20 minus line 21) | 26. _____ | .00 |
| 27. CREDIT TO NEXT PERIOD'S ESTIMATED TAX | 27. _____ | .00 ▲ |
| 28. REFUND REQUESTED (line 26 minus line 27) | 28. _____ | .00 |

29. _____ **FOR OFFICIAL USE ONLY** 29. _____

A complete copy of your Federal return, as filed with the Internal Revenue Service, MUST be filed with this return. If no copy is attached, this WILL NOT be considered a complete return.

Under penalties of perjury, I declare that I have examined this return, any attached schedules/statements, and to the best of my knowledge, believe it to be true, correct and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which there is any knowledge.

Officer's Signature _____ Date _____ Title _____

Preparer's Signature _____ Date _____ Preparer's ID No. _____

	Schedule A	Schedule D
1. Cash to Accrual Adjustments		
2. Expenses to Carry Tax Exempts section 291 & 265		
3. Expense to Carry Investment Subsidiary		
4. Contribution Adjustments		
5. Capital Loss Adjustments		
6. Iowa Franchise Tax Refund Reported on Federal Return		
7. Other:		
8.		
9.		
10.		
11.		
12. TOTALS		
Enter Totals On:	LINE 4, IA 1120F, Schedule A	LINE 6, IA 1120F, Schedule D

Schedule C2 - Payments

Current Period's Estimated Tax Payments	Amount	Date of Payment
1. Prior Period's Overpayment Credited to Current Period		
2. First Installment:		
3. Second Installment:		
4. Third Installment:		
5. Fourth Installment:		
6. Additional Installment:		
7. Voucher/Extension Payments		
8. Other Payments		
9. Total Payments. Add lines 1-8.		
Enter on line 18, IA 1120F		

Please note:

Use whole dollars for all amounts shown on this return and any schedules or attachments.

Mail your return to:

Franchise Tax Return Processing
Iowa Department of Revenue and Finance
PO Box 10413
Des Moines IA 50306-0413

NOTE: Failure to complete the schedule below will result in an incomplete return and may delay processing.

Allocation Schedule
Information for distributing Iowa Franchise Tax to incorporated cities and counties

IOWA Branch Address	Incorporated City Where Branch is Located Name of Iowa Incorporated City	Percent	City Code No.	County Code No.	Name of County
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
TOTAL					

NOTE: "Percentage" is each location's percent of demand deposits net of withdrawals calculated to the nearest one-hundredth of 1 percent. In the City Code No. column, enter code "01" for county seat cities and code "00" for rural locations in unincorporated areas.

Additional Information

- 1 Short period information: Period ____/____/____ to ____/____/____
Reason for short period: _____
- 2 Year business was started in Iowa: _____
- 3 Information from the prior return:
Corporation Name: _____
Federal TIN: _____ Net Income: _____
- 4 Accounting method: ☐ Cash ☐ Accrual Year accrual method began: _____

Any questions?

Iowa is in the Central Time Zone.
Call 1-800-367-3388 (Iowa only)
or 515/281-3114
Hours: 9 a.m. - 4 p.m., Monday-Friday
www.state.ia.us/tax
E-mail: idr@idr.state.ia.us

43-001b (08/31/01)

Name of Financial Institution: _____ TIN: _____